Fill in this information to identify your case:	Check one box only as directed in this form and in Form 122A-1Supp:					
Debtor 1 Cody R. Gross First Name Middle Name Last Name						
Debtor 2 (Spouse, if filing) First Name Middle Name Last Name	2. The calculation to determine if a presumption of					
United States Bankruptcy Court for the: MIDDLE DISTRICT OF PENNSYLVANIA abuse applies will be made under Chapter 7 Means Test Calculation (Official Form 122A–2)						
Case number(If known)	3. The Means Test does not apply now because of qualified military service but it could apply later.					
	☐ Check if this is an amended filing					
Official Form 122A—1						
Chapter 7 Statement of Your Current Month	ly Income 12/15					
space is needed, attach a separate sheet to this form. Include the line number to which to additional pages, write your name and case number (if known). If you believe that you are do not have primarily consumer debts or because of qualifying military service, complete Abuse Under § 707(b)(2) (Official Form 122A-1Supp) with this form.  Part 1: Calculate Your Current Monthly Income  1. What is your marital and filling status? Check one only.  Not married. Fill out Column A, lines 2-11.  Married and your spouse is filling with you. Fill out both Columns A and B, lines 2-11.  Married and your spouse is NOT filling with you. You and your spouse are:  Living in the same household and are not legally separated. Fill out both Column A, lines 2-11; do not under penalty of perjury that you and your spouse are legally separated under not le	te and file Statement of Exemption of abuse because you te and file Statement of Exemption from Presumption of  11.  Ilumns A and B, lines 2-11.  It fill out Column B. By checking this box, you declare onbankruptcy law that applies or that you and your					
spouse are living apart for reasons that do not include evading the Means Test re						
Fill in the average monthly income that you received from all sources, derived durin bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, August 31. If the amount of your monthly income varied during the 6 months, add the inco Fill in the result. Do not include any income amount more than once. For example, if both income from that property in one column only. If you have nothing to report for any line, w	the 6-month period would be March 1 through ome for all 6 months and divide the total by 6. spouses own the same rental property, put the					
	Column A Column B Debtor 1 Debtor 2 or non-filing spouse					
Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$ <u>927.33</u> \$					
Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$\$					
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	\$					
5. Net income from operating a business, profession, or farm Debtor 1 Debtor 2						
Gross receipts (before all deductions) \$_0.00 \$						
Ordinary and necessary operating expenses - \$0.00 - \$						
here	\$ <u>0.00</u> \$					
6. Net income from rental and other real property Gross receipts (before all deductions)  Debtor 1  Debtor 2  \$_0.00  \$						
, ,						
Ordinary and necessary operating expenses  Net monthly income from rental or other real property  \$\begin{align*} \text{Copy} & \text{Copy} & \text{here} \end{align*}	<b>\$</b> 0.00 <b>\$</b>					

ebto	1 Cody R. Gross First Name Middle Name Last Name		Case number (if known)			
	riist Naime Milodie Naime Last Naime					
			Colum Debto		Column B Debtor 2 or non-filing spouse	
8.	Inemployment compensation		\$	0.00	\$	
	Do not enter the amount if you contend that the amount runder the Social Security Act. Instead, list it here:					
	For you	\$				
	For your spouse	\$				
	Pension or retirement income. Do not include any amo penefit under the Social Security Act.	unt received that was a	\$	0.00	\$	
[ a	ncome from all other sources not listed above. Speci Do not include any benefits received under the Social Se as a victim of a war crime, a crime against humanity, or in errorism. If necessary, list other sources on a separate p	curity Act or payments received international or domestic	I			
	self-employed handyman	g p	φ.	60.00	<b>C</b>	
	Sen-employed nandyman		\$	60.00	\$	
			Φ		\$	
	Total amounts from separate pages, if any.		+ \$	0.00	+ \$	
	Calculate your total current monthly income. Add line column. Then add the total for Column A to the total for C		\$	987.33	+ \$	= \$987.33
	t 2: Determine Whether the Means Test App					monthly income
12.	Calculate your current monthly income for the year. F	•			_ [	
	2a. Copy your total current monthly income from line 1	1		C	opy line 11 here	\$987.33
	Multiply by 12 (the number of months in a year).					<b>x</b> 12
	12b. The result is your annual income for this part of the	e form.			12b.	\$ <u>11,847.96</u>
13.	Calculate the median family income that applies to yo	ou. Follow these steps:				
		·				
	Fill in the state in which you live.	Pennsylvania				
	Fill in the number of people in your household.	1			г	
	Fill in the median family income for your state and size of	household			13.	\$ <u>51,138.00</u>
	Γο find a list of applicable median income amounts, go or nstructions for this form. This list may also be available a		he sepa	rate	_	_
14.	How do the lines compare?					
	4a. 🖾 Line 12b is less than or equal to line 13. On the Go to Part 3.	top of page 1, check box 1, The	ere is no	presumption	on of abuse.	
14b. Line 12b is more than line 13. On the top of page 1, check box 2, <i>The presumption of abuse is determined by Form 122A-2</i> . Go to Part 3 and fill out Form 122A-2.						
Pa	t 3: Sign Below					
	By signing here, I declare under penalty of perjury	y that the information on this sta	atement	and in any	attachments is true ar	nd correct.
X s/Cody P. Gross						
s/Cody R. Gross Signature of Debtor 1			Signature of Debtor 2			
	Date _ <b>09/22/2017</b>	Dat				
	MM / DD / YYYY	1004.0	MM /	DD / YYYY	(	
	If you checked line 14a, do NOT fill out or file Form					
	If you checked line 14b, fill out Form 122A-2 and fi	ie ii wiin inis form.				